TOWN OF HIGHLAND APPLICATION FOR HOMEOWNER'S ELECTRICAL EXAM APPLICATION

219-972-7595 PHONE 219-972-5097 FAX

DATE:	_	
NAME:		
ADDRESS:		
PHONE #:		
I haraby cartify that I		om the example of contain real
		am the owner of certain real-
		, Highland, Indiana and that I will do
the electrical work at the above	address to the plans	submitted to the Town of Highland Building
Department as per the applicab	le Indiana Electric ar	nd/or respective Town Codes.
As owner and installer of propo	osed electrical work,	I assume full responsibility for any concealed
defective work, and also assum	e full responsibility f	for myself and/or anyone on my property
who may be injured in anyway	due to the electrical	installation on said property and hold
harmless the Town of Highland	l, Indiana, it's officer	s, agents and employees from any damages.
*NOTE: Exams are given on	the <u>FIRST THURS</u>	SDAY of each month unless there is a
conflict with the vacation sch	edule of the Electric	cal Inspector. Please call to verify the date
of the exam. Application <u>mus</u>	t be returned and fo	ee paid no later than the Monday prior to
the exam date. The exam fee	is nonrefundable. I	f you miss the exam date or fail the exam
and want to retake the test yo	ou will be required t	o file a new application and repay the fee.
	OFFICE U	J S E
DATE OF EXAM:		
FEE \$35.00		
DATE PAID:		
PASSED:	FAILED	